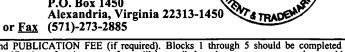
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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na intenance fee notifications	S) specifying a n			t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 03/03/2006 HAROLD R. BROWN III BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, VA 22313-1404				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
				C	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)		
				States Postal Service addressed to the Ma transmitted to the US			
						(Signature)	
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APPLICATION NO.	APPLICATION NO. FILING DATE FIRST NAI			IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/706,054	11/13/2003		Gerard Baum	gartner	033818-021	6354	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	06/05/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	j		
HONG, J	IOHN C	3726		029-402010			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the pages of up to 3 registered patent atternate 1 BUCHANAN INGERSOL		AN INGERSOLLOR		
			or agents OR, alternatively,				
Address form PTO/SB/12	(2) attached.	1	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	(2) attached. ion (or "Fee Address" Indicate in the properties of the proper	ation form e of a Customer	2 registered p	atent attorneys or agents. I	mes of up to f no name is 3		
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Authorized Signature Typed or printed name

ALAN E. KOPECKI 06/02/200HJ SZEWIJI E2 200026034 10706054

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